

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445439	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2013
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

MT JULIET HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

2650 NORTH MT JULIET ROAD
MOUNT JULIET, TN 37122

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the sprinkler was not maintained in operating condition.</p> <p>The finding included:</p> <p>Observation of the sprinkler riser room on 7/23/13 at 8:27 AM, revealed excessive storage obstructing the sprinkler riser.</p> <p>This finding was by the maintenance verified director and acknowledged by the administrator during the exit conference on 7/23/13.</p>	K 062	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Requirements:</p> <p>The facility will ensure automatic sprinkler system is continuously maintained in reliable operating condition.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The Maintenance Director and Administrator removed excessive storage on 7/24/13 to ensure no obstruction of sprinkler riser. 2. The sprinkler riser room was inspected by Administrator and Maintenance Director on 7/26/13 for compliance. 3. In-service was conducted with Maintenance Director on 7/26/13 by Administrator regarding proper storage to ensure no obstruction of sprinkler riser at all times. 4. The facility Administrator and Maintenance Director will monitor sprinkler riser room periodically to ensure no excessive storage to obstruct the sprinkler riser. The Maintenance Director will report findings to the QA Committee for review and recommendations. 	7/26/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.